

**Medicaid Eligibility Handout**  
**SOBRA Pregnant Women      Children Under Age 19**  
**Plan First (family planning and birth control services) for Women aged 19-55**  
**Medicaid for Low Income Families**

You may apply for any of the programs in this handout using Medicaid Form 291. Children may be living in one or two parent families. You may also apply for unrelated children as long as they are living in your home, and you provide parental care and support.

For fast service, you may apply on-line at [www.insurealabama.org](http://www.insurealabama.org). You may also mail your application. For a paper application, call 1-800-362-1504 or visit Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). If you cannot apply on-line or by mail, you can apply in person at your local county health department, federally qualified health care center or some local hospitals.

To be eligible for SOBRA Medicaid, you must:

- \* Be a resident of Alabama,
  - \* Be a U.S. citizen or be in satisfactory immigration status according to agency rules (Non-citizens must provide proof of immigrant status to receive full Medicaid services.)
- \*\* NOTE:** Non-citizens who meet income, residency and other requirements may be eligible for emergency services without proof of citizenship or immigration status. (If you are undocumented, Medicaid will not report it to INS.)

**MONTHLY FAMILY INCOME**  
**Effective February 1, 2012**

<b>FAMILY SIZE</b>	<b>STANDARD A 100% Poverty Level (child age 6 or older)</b>	<b>STANDARD B 133% Poverty Level (pregnant woman, child under age 6, or Plan First Woman aged 19 - 55)</b>
1	\$ 931.00	\$1,239.00
2	1,261.00	1,677.00
3	1,591.00	2,116.00
4	1,921.00	2,555.00
5	2,251.00	2,994.00
6	2,581.00	3,433.00
7	2,911.00	3,872.00
8	3,241.00	4,311.00

--Add \$330.00 for each additional family member for 100% poverty,

--Add \$439.00 for each additional family member for 133% poverty

The "family size" is determined by counting the following individuals who live in the home: the pregnant woman or woman applying for Plan First; the unborn child (if someone is pregnant); the spouse of anyone applying; the legal mother and father of any child (including the unborn); and all children under the age of 19.

The “monthly family income” is determined by totaling all earned income received in a month and subtracting certain deductions, such as work expense (\$90 per month for each worker), and child or incapacitated adult day care expense (up to \$200 per month for children under age 2, and up to \$175 per month for each child over age two or each incapacitated adult), then adding any unearned income (such as child support, unemployment compensation, Social Security, pensions and any other income that is not from earnings or work), to arrive at the total monthly family income.

**You must report to Medicaid: address changes, persons moving in or out of your home, income changes, birth of a child, death of a household member, pregnancy, or miscarriage.**

**For Pregnant women:**

- \* Medical verification of pregnancy, with an expected due date, must be provided.
- \* Income of all persons included in the “family size” is counted.
- \* The parent’s income of a pregnant woman under 19 is not counted when she only applies for pregnancy-related services.

**Coverage:**

- \* Medicaid coverage may begin as early as three months before the month of application, if medical services were received and all eligibility requirements were met.
- \* Services for SOBRA pregnant women are limited to pregnancy-related services, post partum services, and family planning. (The pregnant woman’s coverage ends the last day of the month of the 60th post partum day.)
  - Pregnant women under age 19 may receive full Medicaid coverage if the parent’s income is counted and they meet the income guidelines for a child.
- \* Pregnant women will receive full Medicaid coverage if they meet the income guidelines for the Medicaid for Low Income Families (MLIF) program .

**For Children:**

- \* Children must be under age 19.
- \* Children may be living in one or two parent families.
- \* The income of all persons included in the “family size” is counted, including income of the child.
- \* The income of the legal parent (including adoptive parent) to the children is counted.
- \* The income of a stepparent or any adults other than parents is not counted.
- \* If the child does not qualify for Medicaid due to income, the application will be processed for the ALL Kids program. For more information about ALL Kids, contact [www.adph.org](http://www.adph.org).

**Coverage:**

- \* Medicaid coverage may begin as early as three months before the month of application, if medical services were received and all eligibility requirements were met.
- \* Children under 19 will receive 12 months continuous eligibility, without regard to changes in circumstances, as long as they remain residents of the state.
- \* Children under 19 will receive full Medicaid coverage.

**For Family Planning Services:**

To apply, you must be a woman between 19 and 55 years of age; not be receiving Medicare or have had your tubes tied; and you cannot have insurance coverage for family planning supplies or services. If you have children under 19 years of age in your home, use Form 291 to apply, if you do not have children under 19 years of age in your home, use Form 357 to apply.

**Coverage:**

Family planning services only, such as birth control pills, Depo Provera shots, a yearly family planning exam and certain other tests or lab work.

## Eligibility Requirements for Medicaid for Low Income Families

Medicaid for Low Income Families (MLIF) is a health care program for families with very low income who have children under the age of 19 living in their homes. MLIF allows the parent to receive full Medicaid coverage. There must be a relationship to the children, such as that of a parent or close relative, in order to qualify for MLIF. Non-related caretakers do not qualify for MLIF, but children of non-related caretakers may still be eligible for SOBRA Medicaid for children under 19.

### To be eligible for MLIF, you must:

- \* Have a child under the age of 19 who is a close relative and who lives in the home,
- \* Be a resident of Alabama,
- \* Be a U.S. citizen (See Citizenship and Identity Handout for examples of documentation.), or Be in satisfactory immigration status (You must provide proof of immigrant status.),
- \* Assign all medical insurance or medical support benefits to the State,
- \* Report household changes, such as: address changes, birth, pregnancy, someone moving in or out of your home, adoption, or change in income. NOTE: New income must be reported within ten days of the day you receive your first paycheck, and
- \* Cooperate in obtaining medical support payments if one or both parents is absent from the home.

**NOTE:** Cooperation with the Department of Human Resources in Medical Support Enforcement activities, including establishing paternity, to obtain Third Party Medical Liability Insurance from an absent parent, is necessary, unless a good reason for not cooperating is determined. If the parent or caretaker adult related to the children does not cooperate or have a good reason for not cooperating, the adult members of the family cannot get Medicaid, unless she is a pregnant woman.

<u>Financial Eligibility</u>	
<u>Family Size</u>	<u>Eligibility Standard</u>
1	\$ 111
2	\$ 137
3	\$ 164
4	\$ 194
5	\$ 225
6	\$ 252
7	\$ 287
8	\$ 315

\* Add \$28 for each additional family member

**“Family” means the natural or legal parents, and blood-related or adoptive siblings of the children. Other relatives, such as stepchildren, nieces, nephews, etc., who live in the home and are under 19 years of age, may also be included in the family. The income of all persons in the “family size” is counted to determine eligibility. Certain deductions are also allowed in determining eligibility, such as work expense (\$90 per month); and child or incapacitated adult day care expense (within certain limits).**

All programs and services of the Alabama Medicaid Agency are administered in full compliance with Title VI of the Federal Civil Rights Act of 1994, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990.

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